



# *COMMONWEALTH of VIRGINIA*

## *Office of the Governor*

Robert F. McDonnell  
Governor

November 30, 2010

General Assembly of Virginia  
Capitol Square  
Richmond, Virginia

Dear members of the General Assembly:

While serving in the General Assembly, I was the chief patron of legislation to restructure and move Virginia's behavioral health system to a community-based model, which most believe is the proper approach for Virginia. Upon taking office last January, I was troubled to learn that there are still problems in Virginia's system of behavioral health and developmental services that have remained unaddressed for many years, and involve operational issues at our state facilities and the insufficient capacity to serve those in need of community-based services. The Inspector General for Behavioral Health and Developmental Services, Doug Bevelacqua, outlines a number of these issues in his November 30, 2010 Semiannual Report. The report also includes a strategic plan developed by the Department of Behavioral Health and Developmental Services (DBHDS) entitled "Creating Opportunities: A Plan for Advancing Community Focused Services in Virginia." This plan provides a road map to correct many of the systemic issues with our system of care for citizens with mental illness, developmental disabilities and substance use problems.

During the past year, we have taken a number of actions to address concerns in the state facilities. New leadership has been brought in at Eastern State Hospital (ESH) where historical operational problems led to Medicaid decertification of the Hancock Geriatric Treatment Center, at Central Virginia Training Center (CVTC) where the Department of Justice (DOJ) has been conducting an investigation since 2008, and at the Virginia Center for Behavioral Rehabilitation (VCBR). Expert consultants have been engaged to work with staff at ESH and CVTC to assist in regaining Medicaid certification and prepare for our response to the anticipated DOJ findings. Commissioner Stewart, as a part of the DBHDS "Creating Opportunities Plan," has begun the development of a statewide quality review and improvement system for all state hospitals and training centers.

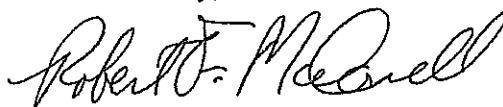
I know we will not immediately solve all of the problems detailed in the OIG's report, but it is critical that we begin to work on these issues without delay. Community programs providing intensive supports to those with serious mental illnesses permit those individuals to

successfully reside in the community. Younger families are no longer choosing to place their loved ones in training centers and often wait to receive MR/ID Medicaid waivers to enable integrated living in the community. Virginia must continue to expand the MR/ID Medicaid waivers as well as the capacity of community programs to ensure that all individuals with intellectual disabilities who are capable of living stable lives in the community are provided opportunities to receive care in their communities.

To further my commitment to reforming Virginia's system of behavioral health and developmental services, I will introduce budget amendments in the coming session of the General Assembly to provide a "down payment" toward solutions to these concerns. At this date, I am still working with our budget staff to determine which problems to address first, but I am committed to working with all interested parties to move Virginia's community-based system of care forward, as contemplated by my legislation almost a decade ago.

In closing, let me say that I believe we have already come a long way from a largely institutional system of services to one that is primarily community-based. Our network of public and private providers are working together effectively to provide quality services. We now need to close the gap by increasing the capacity of our community services in order to enable those with intellectual and developmental disabilities to live a more self determined life and to support those with mental illness on their journey of recovery. New treatment plans and pharmaceutical interventions now make this the best course of action for patients. I look forward to our work together in the coming session of the General Assembly to strengthen our behavioral health and developmental services in the Commonwealth.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert F. McDonnell". The signature is fluid and cursive, with the first name "Robert" and last name "McDonnell" clearly distinguishable.

Robert F. McDonnell

RFM/jje